

BEST AVAILABLE COPY

Lamont Hunter
PCT International Division
(703) 305-3388

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE	
						10/088807		
						APPLICANT(S)		
CLAIMS								
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.				
1					51			
2					52			
3					53			
4					54			
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44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TOTAL ID.					TOTAL IND.			
TOTAL EP.					TOTAL DEP.			
TOTAL CLAIMS					TOTAL CLAIMS			